



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	SignaCare Bunclody
Name of provider:	SignaCare Bunclody Limited
Address of centre:	Newtownbarry, Bunclody, Wexford
Type of inspection:	Unannounced
Date of inspection:	07 February 2024
Centre ID:	OSV-0007221
Fieldwork ID:	MON-0037682

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre commenced operations in September 2019. It is a renovated four-storey building which previously operated as a hotel. It is centrally located in Bunclody town and very near all local amenities. Bedroom accommodation on the three upper floors comprises 58 single and two twin room with full en-suite facilities. The first floor has an indoor garden area with walkways and access to a secure external garden area. Communal areas on the ground floor include several seating and dining areas, a large kitchen, an activity room, a coffee dock, a comfortably furnished reception area with a foyer. There are also communal rooms and a hair salon on the upper floors. According to their statement of purpose, SignaCare Bunclody is committed to providing high quality, person-centred care in line with best practice and continuous quality improvement. They aim to promote and enhance the quality of life for each resident, to enable each resident's independence for as long as possible and to provide a home from home where the resident feels safe and protected, where health and wellbeing are promoted. Care services provided at SignaCare Bunclody include residential care, convalescence, palliative care and respite. They provide care for male and female residents over the age of 18.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 February 2024	09:00hrs to 17:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told the inspector, it was clear that the residents received a good standard of quality and personalised care, living in Signacare Bunclody. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays attending to residents' requests and needs on the day of inspection. The centre had experienced an outbreak of COVID-19 prior to the inspection and a number of residents had completed their isolation period. On the day of inspection there were no residents in isolation but the centre was managing each floor as a separate unit to prevent any transmission of COVID-19.

On arrival the inspector was greeted by a member of the centre's administration team. The inspector carried out the necessary infection prevention and control precautions, such as hand hygiene and application of a face mask procedure. After an introductory meeting with the person in charge, the inspector was accompanied on a tour of the premises. Alcohol hand gels and PPE (personal protective equipment) were readily available throughout the centre to promote good hand hygiene. Staff were observed wearing the correct PPE and frequently performing hand hygiene.

The centre was previously a hotel which had been decorated to a high standard, had accommodation for 62 residents and was laid out over four floors. The centre was homely and had appropriately placed memorabilia and pictures across communal spaces and corridors. Bedroom accommodation was over three floors and comprised of 58 single rooms and two twin rooms. Some bedrooms had floor to ceiling windows which provided a panoramic view of the town. All rooms had en-suite facilities with a shower, toilet and wash hand basin. Residents' bedrooms were clean, tidy and had ample personal storage space. Many bedrooms were personal to the resident's containing family photograph and personal belongings. Pressure relieving specialist mattresses, cushions and fall-prevention equipment were seen in some of the residents' bedrooms.

Overall, the inspector observed that the premises was laid out to meet the needs of the residents. There were appropriate handrails and grab rails available in the bathrooms areas, and along the corridors, to maintain resident's safety. The corridors were sufficiently wide to accommodate walking aids and wheelchairs. The building was well lit, warm and adequately ventilated throughout. There was a choice of communal spaces. For example; the ground floor contained a dining room, sitting room, a coffee dock area, activities rooms, a cinema room, a meeting room, prayer room and a quiet room. There were open plan sitting rooms and dining rooms on the first, second and third floors. Residents who resided in the upper floors were supported to access the communal spaces on the ground floor and external grounds via a passenger lift.

Residents' had access to enclosed garden areas to the front and rear of the building which was easily accessible. There was a canopy covered area to the front of the centre which was used as a designated smoking area for residents.

The inspector spoke with ten residents in detail and one visitor over the course of the day and the feedback was very positive. Residents who the inspector spoke with said that staff were very good to them and treated them well. Residents' said they felt safe and trusted staff. A number of residents told the inspector that they previously lived in the locality and were pleased that they could continue to live in an area they knew well and close to their families still living in or around Bunclody. Two other residents said they particularly liked living in the centre because it was close to the local town and they went to the shops and pubs there. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. However, these residents appeared to be content, appropriately dressed and well-groomed. Many of the female residents wore items of jewellery and liked to carry their handbags. A hair salon was available in the centre and a hairdresser attended the centre regularly.

Visitors were observed attending the centre on the day of the inspection. Visits took place in the quiet room and residents bedrooms. The inspector was informed that there was no booking system for visits. Some residents whom the inspector spoke with confirmed that apart from visiting restrictions during a recent outbreak of COVID-19 their relatives and friends could visits anytime.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on all floors at the lift area. The inspector observed residents partaking in group activities on the first and second floor on the day of inspection. The inspector observed staff and residents having good humoured banter during the activities and observed the staff chatting with residents about their personal interests and family members. For residents who could not attend group activities, one to one activities were provided. Additional staff were allocated on a one-to-one basis to ensure that these residents' social needs were met. Residents told the inspector that they particularly enjoyed bingo, live music and card games. The inspector observed residents reading newspapers, watching television, listening to the radio, and completing word search puzzles. Mass took place in the centre weekly. Residents confirmed that they had access to Internet services in the centre. Visits and outings were encouraged and practical precautions were in place to manage any associated risks.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service. There were a small number of reports of items of clothing missing recorded in the complaints logs in the centre.

The inspector observed that there were hand hygiene sinks available in the clinical rooms, the sluice rooms, and in some of the housekeeping rooms but a number did

not meet the recommended clinical hand washing sink standards. This finding did not support effective hand hygiene procedures.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in March 2023, and some improvements were found in Regulation 17: premises and Regulation 27: infection prevention and control. On this inspection, the inspector found that actions were required by the registered provider to address Regulation 17: premises and areas of Regulation 5: individual assessment and care planning, Regulation 27: infection prevention and control, Regulation 28: fire precautions and Regulation 34: complaints procedure.

Signacare Bunclody LTD is the registered provider for Signacare Bunclody. The company is part of the Virtue Integrated Care group, which has a number of nursing homes nationally. The company had three directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by an assistant director of nursing, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a director of clinical operations and a quality manager. The person in charge was also supported by shared group departments, for example, human resources. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection.

The registered provider had made changes to the hairdressing salon and assisted bathroom on the second floor since the previous inspection. The hairdressing salon had been converted to communal space and the assisted bathroom had been converted to a hairdressing salon. Following the inspection the registered provider was requested to submit an application to vary condition 01 of the registration for Signacare Bunclody.

There was good oversight of staff training and supervision of training in the centre. The person in charge was supported by the groups director of clinical operations and quality manager to ensure staff were kept up to date with training. Staff were supported and facilitated to attend training and there was a high level of staff attendance at training in areas such as fire safety, safe guarding, dementia training, and infection prevention and control. Staff were supervised by the person in charge

and the assistant director of nursing. Manual handling training was scheduled to take place two days following inspection and fire safety training was scheduled to take place in the weeks following the inspection.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. The centre had an extensive suite of meetings such as weekly management meetings, and regular local staff meetings which included nurses meetings, health care assistant meetings, and catering staff meetings. Management meeting minutes included agenda items such as training, infection prevention and control, complaints, feedback from residents meetings and KPI's (key performance indicators). There was evidence of an extensive schedule of audits in areas including care planning, falls, restrictive practice, wound care and infection prevention and control. These audits found areas to improve the quality and safety of care and these improvements were being proactively implemented. There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2023. The review was undertaken with the residents and copies of the review were available on all floors for residents and their relatives. The review set out an improvement plan with time lines to ensure actions would be completed.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

There was a complaints management policy within the centre and a complaints procedure displayed in the reception area. The complaints log for 2023 was reviewed. The inspector observed complaints had been assessed and managed promptly. Residents said they were aware they could raise a complaint with any member of staff or the person in charge. Actions were required to align the complaints procedure with SI 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations, and this will be addressed under Regulation 34 of this report.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider ensured that the number and skill-mix of

staff was appropriate, to meet the needs of the residents. There were a minimum of three registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 30: Volunteers

Volunteer's attended the centre to enhance the quality of life of residents. Volunteers were supervised and had Garda vetting disclosures in place. Their roles and responsibilities were set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The centres complaints policy and procedure required revision to meet amendments to the regulations that had come into effect in March 2023 (S.I. 628 of 2022). For example:

- The complaints procedure and policy did not include the nominated review officer.
- The provision of a written response informing complainants of the outcome of review was not consistently record.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. The findings of this inspection evidenced that the management and staff had made improvements to the quality of life for the residents living in Signacare Bunclody since the previous inspection. On this inspection improvements were required to comply with the premises and areas of individual assessment and care planning, infection prevention and control and fire safety.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and

language, as required. The centre had access to GP's from local practices. Residents had access to a mobile x-ray service in the home. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a good standard of care planning in the centre. In a sample of four nursing notes viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and end of life care. However, further improvements were required to the residents care plans which is discussed under Regulation 5: individual assessment and care planning.

Improvements were found in the centres premises since the last inspections, for example; call bells had been replaced, lockable storage was available for all residents and racking had been installed in the centres sluice rooms. However, the provider had made changes to an assisted bathroom room and hairdressing room on the second floor without informing the office of the chief inspector. The hairdressing salon had been converted to communal space and the assisted bathroom had been converted to a hairdressing salon. These changes are discussed further under Regulation 17: premises. The centre was bright and general tidy. The centre was cleaned to a high standard, alcohol hand gel was available in all bedroom corridors. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents.

Improvements were found in infection prevention and control since the previous admission, for example; shower chairs did not contain any rust and storage rooms were free of clutter, and did not have items stored on the floor. The centre had recovered from a recent outbreak of COVID -19. The centre had following the advice of public health specialists, and had put in place many infection control measures to help keep residents and staff safe. Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. The centre had contracted its laundry service for residents clothing and bed linen to a private provider. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits which included, the environment, PPE, hand hygiene, COVID-19 were evident and actions required were discussed at the centres management meetings. The centre had an antimicrobial stewardship

register and the person in charge had good oversight of antibiotic usage. There was an up to date IPC policies which included COVID-19 and multi-drug resistant organism (MDRO) infections. A member of the nursing staff was undertaking infection prevention control (IPC) link nurse at the time of inspection. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

Oversight of fire drills and fire safety procedures required improvement, this is discussed further in the report under Regulation 28. All bedrooms and compartments had automated door closures. All fire doors were checked over the day of inspection and some were found not to close properly to form a seal to contain smoke and fire. Fire training was completed annually by staff. All fire safety equipment service records were up to date. Staff spoken to were familiar with the centres evacuation procedure. Some fire drills records were detailed containing the number of residents evacuated, equipment used, how long the evacuation took and learning identified to inform future drills. There was a system of daily and weekly checking, of means of escape, fire safety equipment, and fire doors. Weekly activation of the fire alarm system included staff response to the alarm. The centre had an L1 fire alarm system with repeater panels on all floors. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents for day and night evacuations and their supervision requirements at the assembly point. Staff spoken to were familiar with the centres evacuation procedure. There were fire evacuation maps displayed throughout the centre. There was evidence that fire safety was an agenda item at management meetings taking place in the centre. There was a smoking shelter available for residents who smoked. Residents were risk assessed for their capability to smoke independently. A fire extinguisher, fire blanket and fire retardant ash tray were located in the designated smoking area and residents who smoked had a mobile call bell.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to a SAGE advocate. The advocacy service details in the reception area and activities planner were displayed on all floors in the centre. Residents has access to daily national newspapers, weekly local newspapers, books, Internet services, televisions, and radio's. Satisfaction surveys showed high rates of satisfaction with all aspects of the service. Roman Catholic and Church of Ireland clergy visited residents' in the centre regularly. A local priest attends the centre weekly to offer communion. A local religious order of nuns call to the centre weekly to say prayers with residents, sing hymns and partake in activities. Residents had access to a oratory room in the centre. Residents were supported and encouraged to maintain links with their families and the wider community through visits and trips out when possible. The centre had introduced a family Sunday lunch where residents could invite members of their family to have lunch together. The centre had implemented a values project in 2023, the aim was to grant residents a wish. A number of residents enjoyed wishes such as been a soccer trainer for a local

soccer team game, getting a tattoo, having Internet banking set up, organising a vintage car and bike run and a meet up at a local pub.

Regulation 17: Premises

The inspector found that the function of a hairdressing room on the second floor had been reassigned for communal space and the assisted bathroom room had been reassigned as a hairdressing room on the second floor of the centre. This was not in line with the detail of the centres' statement of purpose and floor plans of the centre, submitted by the Provider in April 2022.

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- A call bell was broken in the en-suite of bedroom 20.
- A bedside table/locker was missing from bedroom 20.

Judgment: Not compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of the centre's shower chairs was required as shower chairs in the en-suite areas of bedrooms 1, 21, 27, 47, 53 and 60 had visible rust on parts of the stainless steel areas. This posed a risk of cross-contamination as staff could not effectively clean rusted parts of the shower chairs.
- There was no hand- washing sinks in the housekeeping rooms.
- The inspector observed that there were hand hygiene sinks available in the clinical rooms, the sluice rooms, and in areas outside sluice rooms but a number did not meet the recommended clinical hand washing sink standards. This finding did not support effective hand hygiene procedures.

These were repeated finding from the previous two inspections.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- A review of the centre's bedroom doors was required as not all bedroom doors were closing to form a seal to contain smoke and fire in the event of a fire.
- Although, simulated emergency evacuation drills were carried out on a regular basis, they lacked sufficient detail to give assurances that adequate arrangements had been made for timely evacuation of residents to a place in the event of a fire, with the staff and equipment resources available. Furthermore the provider could not be assured that residents' evacuation needs would be met as the the drills referenced evacuation of a resident in one bedroom as opposed to evacuation of all residents within a fire compartment on each occasion. Following the inspection the provider completed a simulated emergency evacuation drill of a fire compartment providing accommodation for the largest number of residents when the least number of staff were available in the centre. The procedure was timely and included sufficient detail to provide assurances regarding safe evacuation of resident's.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff. Residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups were displayed in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- A sample of care plans reviewed were not all formally reviewed on a four monthly basis to ensure care was appropriate to the resident's changing needs
- A sample of care plans viewed did not all have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

Compliance Plan for SignaCare Bunclody OSV-0007221

Inspection ID: MON-0037682

Date of inspection: 07/02/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <ul style="list-style-type: none"> • The Complaints summary and the policy has now been reviewed and the review officer is now included in the complaints procedure. • A written response informing the complainants of the outcome of the review will be done post every written complaint regardless of the verbal outcome meeting. 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The replacement call bell for the en-suite of room 20 was purchased and installed. • The Bedside locker to room 20 has been replaced. • A submission to variance has been submitted by the RPR 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • 4 shower chairs were replaced with new ones and an additional 2 shower chairs purchased. • Handwashing sinks onsite and scheduled to be installed by the 30.03.2024 	

• New taps purchased to meet the recommendation of the hand washing sinks standards.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The 6 monthly Fire Door checks are complete with corrective action taken and the closure system has been adjusted to form a seal in the event of a fire.
- The DON and ADON have reviewed documentation of evacuation drills to make sure there is detailed description of the scenario, equipment used, and number of rooms evacuated with exact staffing numbers.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A refresher training session with the Nursing staff in the documentation of the formal review of the resident's care plan on 4 monthly intervals or sooner if a resident's condition changes.
- The DON will carry out a quality improvement plan with the Nursing staff to support the documentation of Residents and Residents family input in the care planning in the designated sections of the care plans.
- Both above will be incorporate into the Induction process.

The Training session is booked for the 21/03/2024

Outcome – Substantially Compliant

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/05/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	30/03/2024

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	19/03/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	19/03/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	19/03/2024

Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	19/03/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/03/2024